Diversity Monitoring Form

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| |  |  |  | | --- | --- | --- | | |  | | --- | | The following monitoring form will ask you questions about your age, gender, sexual orientation, ethnicity, whether you have a disability and whether you practice a religion, faith or belief. It’s an anonymous and confidential form, so none of the information can be traced back to you.  Why do we want this?  Asking you for this information helps make football more representative. It supports The FA to ensure our programmes are inclusive and open to everyone; it helps us understand if people from certain backgrounds aren’t accessing or making the most of the opportunities to be involved in football; and it helps us to make sure that we provide such opportunities in the future.  Only people analysing this data will have access to it, and, in line with diversity monitoring good practice, all forms are filed anonymously   You are not obliged to fill in this form or any part if you don’t want to. There’s an option to tick ‘prefer not to say’ if you’d rather not share some information about yourself. It’s more helpful to us if you to tick the ‘prefer not to say’ box rather than not to complete or partly complete this form. | |  | |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  | | --- | --- | | 3. | Do you have any physical or mental health conditions, illnesses or impairments that have lasted or are expected to last 12 months or more? If you answer no, please go to question 7 | |  | |  |  | | --- | --- | |  | Yes | |  | No | |  | Prefer not to say | | |  |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  | | --- | --- | | 4. | Do these conditions, illnesses, impairments or disabilities have a substantial (more than trivial) effect on your ability to carry out normal daily activities (such as taking longer than normal to read a book, go shopping, use a telephone, get washed or dressed or to prepare and eat food) | |  | |  |  | | --- | --- | |  | Yes | |  | No | |  | Prefer not to say | | |  |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  | | --- | --- | | 5. | Does this disability or illness affect you in any of the following areas? | |  | |  |  | | --- | --- | | Long Term Pain | Chronic Health Condition | | Mobility | Dexterity | | Mental Health | Visual | | Breathing | Memory | | Hearing | Learning | | Speech | Behavioural | | None of these | Prefer not to say | |  |  |   Other, please specify | |  |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  | | --- | --- | | 6. | Would you consider yourself to be eligible to play within one of the following impairment specific pathways? | |  | |  |  | | --- | --- | | Amputee Football | Blind Football | | Cerebral Palsy Football | Deaf Football | | Learning Disability Football | Partially Sighted | | Powerchair Football | None of the above | | Prefer not to say |  | | |  |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  | | --- | --- | | 7. | How would you describe the religion to which you feel you belong? (please select the relevant box) | |  | |  |  | | --- | --- | | Atheism | Buddhism | | Hinduism | Islam | | Judaism | Mormonism | | Sikhism | No religion / faith | | Jehovah Witnesses | Prefer not to say | |  |  |   Christianity | |  |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  | | --- | --- | | 8. | Which of the following options best describe how you think of yourself? | |  | |  |  | | --- | --- | | Heterosexual/Straight | Gay Man | | Gay Woman/Lesbian | Bisexual | | Prefer not to say |  |   Another description of your sexuality, please specify | |  |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  | | --- | --- | | 9. | What is your ethnic group? Please tick the relevant box | |  | |  |  | | --- | --- | | White British (English, Welsh, Scottish, Northern Irish) | White Irish | | White Gypsy or Irish Traveller | Other White | | White and Black Caribbean | White and Black African | | White and Asian | Other Mixed / Multi-ethnic background | | Indian | British Indian | | Pakistani | British Pakistani | | Bangladeshi | British Bangladeshi | | Chinese | British Chinese | | Other Asian / Chinese background | Caribbean | | British Caribbean | African | | British African | Other Black background | | Would rather not say |  |   Other Ethnic Group, please specify | |  |  | |